*Plan of Action Form:* End of Semester

*for Test Re-do for full credit*

* Test must be taken during Life Ed.
* Allowed only 45 minutes (If you have prepared, this should be enough time to take the test.)
* **Re-do must be taken by Thursday, December 18.**
* Requires the chart below to be completed with specific steps written to describe how you will study so you can improve your performance the second time around. (I don’t want you wasting your time and mine re-doing the test if it’s only going to get the same results or worse.)
* **Requires** a parent signature on the plan of action.
* Submit this form and any evidence of preparing for the test on the day of the retake.
* You are required to do a minimum of 2 preparation activities.
* **Ideas for preparing**:
  + Make flashcards and use them to study. (Must attach these.)
  + Complete a sentence and picture for each one of our vocabulary words. (Must attach these.)
  + Write a story containing all vocabulary words. Underline each vocabulary word in your story. (Must attach these.)
  + Paraphrase (put in your own words) definitions for each of the vocabulary words and give an example of each. (Must attach these.)
  + Using each of the 14 prefixes & suffixes, create 4 example words and define each (a total of 56 words and definitions) (Must attach these.)
  + Document 2-20 minute study sessions (Must have parent initials/signature next to date/time.)
* Additional ideas for preparing that may be documented, but do not count toward your evidence requirement:
  + If you have a sibling, friend or parent that would like to help, ask them to make a review sheet for you or quiz you over the information.
  + Use the vocabulary words daily in conversation.

***The top score earned on the original test or the retest is the score that will be used for your grade. You must attach at least two pieces of evidence to show that you studied. You will not be allowed to retake the test unless you have the two pieces of evidence and a parent signature!!!***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  |  |  |  |
| Preparation  Activity |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature